

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/28/2021

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: Nita Wracker Digitally signed by Nita Wracker
MBA CPA
Date: 2021.02.26 08:12:41
-08'00'
Nita Wracker, Agency CFO

CONTRACTOR:

Name: Tahoe Coalition for the Homeless
Address: P.O. Box 13514,
South Lake Tahoe, CA 96151
Phone: _____
Org Code: 5310
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Original NTE \$47,298 FY 20-21 grant / Add FY 21-22 grant Approx. \$50,000 = Increase NTE to \$97,298

Description: Projects for Assistance in Transition from Homelessness Program (PATH) Grant FY21-22

Contract Term: add 1 yr = 7/1/21-06/30/22 Contract Value: Approx. \$50,000 / NTE = \$97,298

COUNTY COUNSEL: (must approve all contracts and MOU's)

Approved: Disapproved: Date: 03/10/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.03.10 16:21:05 -08'00'
Approved: Disapproved: Date: 05/11/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.05.11 11:41:44
-07'00'

Original #4553 \$47,298 07/21/20-06/30/21 + 2 one year extensions 06/30/23; The State usually releases the PATH grant agreement in May or June.

****2dn Submission - Draft 04.19.21 changes to Article III Compensation for Services, new rates.**

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo Digitally signed by Lauren Montalvo
Date: 2021.03.23 09:04:24 -07'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 03/19/2021 By: Michael Andersen Digitally signed by Michael Andersen
Date: 2021.03.19 14:58:54 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!